_	
$\Xi$	
$\geq$	
$\infty$	i
$\geq$	

il and	=
151. 14ml	ì
	ì
Britis.	51.5
ilani.	
=	
endite:	===
11057	1
š	
1511151	=
cherry specify specify plents specify	-
131715	=
duct.	-
11111	== ===

## UTILITY PATENT APPLICATION TRANSMITTAL

		16	
Attorney Docket No.	35.G2872	.s	
First Name	d Inventor or Application Identifier	6 <sup>U</sup>	臺
OSAMU YAMADA ET AL.		104 09	
Express Mail Label No.		Ţ	

ŧ	8	TRANSMITTAL		OSAMU YAMADA ET AL.					
Ī	্ৰOnly fo <b>ত</b>	or new nonprovisional applications under	37 CFR 1.53(b))	Express Mail L	abel No.		<u> </u>		
	ਾਂ See MPE	APPLICATION ELEMEN P chapter 600 concerning utility patent a	TS oplication contents.	Commissioner for Patents  ADDRESS TO:  Box Patent Application Washington, DC 20231					
Ī	1. X	Fee Transmittal Form (Submit an original, and a duplicate for fee pro	cessing)	7.	CD-ROM or Program (Ap	CD-R in duplicate,	large table or Computer		
	2.	Applicant claims small entity status. See 37 CFR 1.27.		8.		nd/or Amino Acid ( , <i>all necessary)</i>	Sequence Submission		
	3. X	Specification Total Pag	es 41		a Co	omputer Readable	Form (CRF)		
	4. X	Drawing(s) (35 USC 113) Total She	ets 17		<ul><li>b. Specification Sequence Listing on:</li><li>i. CD-ROM or CD-R (2 copies); or</li></ul>				
# # # #	5. X	Oath or Declaration Total Pag	es 2		ii p	aper			
		a. X Newly executed (original or co	opy)				identity of above copies		
10.1 20.1		b. Copy from a prior application	(27 CED 1 62(d))	,	ACCOME	PANYING APPLICA	ATION PARTS		
4.		(for continuation/divisional with		9. X	Assignment Papers (cover sheet & document(s))				
		i. <u>DELETION OF INV</u> Signed Statement atta	ENTOR(S) ached deleting inventor	10	37 CFR 3 73( (when there	b) Statement <i>is an assignee)</i>	Power of Attorney		
- -		named in the prior app 1 63(d)(2) and 1.33(b)		11.	English Trar	nslation Document	(if applicable)		
3 4 4 4	6. X	Application Data Sheet. See 37 CFR 1.		12.	·	DS)/PTO-1449 Citations			
=				13. Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
				16.	Other:				
-	17. If a	CONTINUING APPLICATION, check app	ropriate box and su	pply the requisite	information:				
	Continuation  Divisional  Continuation-in-part (CIP) of prior application No/  Prior application information:  Examiner Group/Art Unit:								
	For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
ŀ	18. CORRESPONDENCE ADDRESS								
	X	Customer Number or Bar Code Label	(Insert Customer No.	05514 or Attach bar code	label here)	or Corres	pondence address below		
f	NAME								
ŀ	Address								
ŀ			State			Zip Code			
į	City Country		Telephone			Fax			

ì		
	+	

(1) FOR

TOTAL CLAIMS (37 CFR 1 16(c))

**CLAIMS** 

		IND CLA	EPENDEI MMS (37 CI	<b>VT</b> FR 1.16(b))	9-3 =	6		X \$ 80.00	=	\$480.00
		MUI	LTIPLE DI	EPENDENT	Γ CLAIMS (if applicable) (37	CFR 1.16(d))		\$270.00	=	\$0
								BA (37 C	SIC FEE FR 1.16(a))	\$710.00
						Tot	tal of a	above Calcu	ulations =	\$1208.00
			Re	duction by	50% for filing by small er	tity (Note 37 CFR	1.9, 1.	27, 1.28).		0
									TOTAL =	\$1208.00
	19.	Small e	nt <u>ity s</u> tatu	s						
Grander publication of the state transplant		a.			itity statement is enclose					
		b.		A small en and desire	itity statement was filed in ed.	n the prior nonprov	risional	l applicatior	n and such	n status is still proper
Ţ.		C.		Is no longe	er claimed.					
	20.	X	A check	in the amo	unt of \$ <u>1208.00</u> to co	over the filing fee is	s enclo	osed.		
	21.	X	A check	in the amo	unt of \$_40.00 to	cover the recordal	fee is	enclosed.		
\$3	22.	The Co No. 06	mmission -1205:	er is hereby	authorized to credit ove	rpayments or char	ge the	following fe	ees to Dep	posit Account
		a.	X	Fees requ	ired under 37 CFR 1.16.					
2.000 2.000 2.000		b.	X	Fees requ	ired under 37 CFR 1.17.					
		C.		Fees requ	ired under 37 CFR 1.18.					

(2) NUMBER FILED

21-20 =

(3) NUMBER EXTRA

1

(4) RATE

X \$ 18.00 =

(5) CALCULATIONS

\$18.00

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Jack M. Arnold				
SIGNATURE	Joek M. arnold Pag. No. 25,823				
DATE	August 7, 2001				